| For receiving Office use only | |
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| International Application No. | |
| International Filing Date | |
| Name of receiving Office and "PCT International Application" | |

| REQUEST | International Filing D | ate | |
|--|---|--|--|
| The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. | Applicant's or agent's | file reference | rnational Application" |
| | (if desired) (12 charact | ters maximum) SN | MC 60575/WO |
| Box No. I TITLE OF INVENTION Silylated Oligonucleotide Compounds | | | |
| Box No. II APPLICANT This person | n is also inventor | | |
| Name and address: (Family name followed by given name; for a legal enti The address must include postal code and name of country. The country of th Box is the applicant's State (that is, country) of residence if no State of residen | 111101110 | | |
| Avecia Limited | | Facsimile No. +44 161 795 6005 | |
| Hexagon House, Blackley Manchester M9 8ZS | Teleprinter No. | | |
| United Kingdom | | Applicant's regis | stration No. with the Office |
| State (that is, country) of nationality: GB | State (that is, country) GB | of residence: | |
| | States except ates of America | the United States of America only | the States indicated in the Supplemental Box |
| Box No. III FURTHER APPLICANT(S) AND/OR (FURTH | IER) INVENTOR(S) | | |
| Name and address: (Family name followed by given name; for a legal entitude difference in the address must include postal code and name of country. The country of the Box is the applicant's State (that is, country) of residence if no State of residence MOODY, David John Earls Road, Grangemouth Stirlingshire FK3 8XG United Kingdom | e address indicated in this e is indicated below.) | inventor marked, Applicant's regis | nt only at and inventor only (If this check-box is do not fill in below.) tration No. with the Office |
| State (that is, country) of nationality: GB | State (that is, country) GB | of residence: | |
| This person is applicant for the purposes of: all designated the United States all designated the United States | States except tes of America | the United States of America only | the States indicated in the Supplemental Box |
| Further applicants and/or (further) inventors are indicated on a continuation sheet. | | | |
| Box No. IV AGENT OR COMMON REPRESENTATIVE; | OR ADDRESS FOR | CORRESPONDI | ENCE |
| The person identified below is hereby/has been appointed to act on of the applicant(s) before the competent International Authorities a | | agent | common representative |
| Name and address: (Family name followed by given name; for a legal entity The address must include postal code and name of co | r, full official designation. untry.) | Telephone No. +44 161 72 | 1 1142 |
| REVELL, Christopher Avecia Limited, Intellectual Property Group, PO Box 42 Hexagon House, Blackley Manchester M9 8ZS United Kingdom | | Facsimile No. +44 161 721 5801 | |
| | | Teleprinter No. | |
| | | Agent's registration No. with the Office | |
| Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent. | | | |

| Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) | | | |
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| If none of the following sub-boxes is used, this shee | et should not be included in the request. | | |
| Name and address: (Family name followed by given name; The address must include postal code and name of country. The Box is the applicant's State (that is, country) of residence if no State (that is | e country of the address indicated in this | | |
| State (that is, country) of nationality: | State (that is, country) of residence: | | |
| GB | GB | | |
| This person is applicant all designated for the purposes of: | all designated States except the United States of America of America only the Supplemental Box | | |
| Name and address: (Family name followed by given name; f The address must include postal code and name of country. The Box is the applicant's State (that is, country) of residence if no St BARRON, Sarah Anne Earls Road, Grangemouth Stirlingshire, FK3 8XG United Kingdom | country of the address indicated in this | | |
| State (that is, country) of nationality: GB | State (that is, country) of residence: GB | | |
| This person is applicant all designated for the purposes of: | Il designated States except the United States of America of America only the States indicated in the Supplemental Box | | |
| Name and address: (Family name followed by given name; fo The address must include postal code and name of country. The Box is the applicant's State (that is, country) of residence if no Sta | country of the address indicated in this | | |
| State (that is, country) of nationality: State (that is, country) of residence: | | | |
| This person is applicant all designated for the purposes of: | Il designated States except the United States the States indicated in the United States of America only the Supplemental Box | | |
| Name and address: (Family name followed by given name; fo The address must include postal code and name of country. The Box is the applicant's State (that is, country) of residence if no Sta | country of the address indicated in this | | |
| State (that is, country) of nationality: | State (that is, country) of residence: | | |
| | designated States except the United States the States indicated in the States of America only the Supplemental Box | | |
| Further applicants and/or (further) inventors are indicated on another continuation sheet. | | | |

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

- If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which
 a special continuation box is provided, the space is insufficient
 to furnish all the information: in such case, write "Continuation
 of Box No..." (indicate the number of the Box) and furnish the
 information in the same manner as required according to the
 captions of the Box in which the space was insufficient, in
 particular:
- (i) if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Boxes No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. II" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;
- (v) if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.
- 2. If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such a case, write the name or two-letter code of each designated State concerned and the indication "patent of addition," "certificate of addition," "inventor's certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other patent grant or the date of filing of the parent application (Rules 4.11(a)(iii) and 49bis.1(a) or (b)).
- 3. If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuationin-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis.1(d)).

Continuation of Box IV

GAIRNS, Raymond Stevenson LOCKE, Timothy John MAYALL, John MORPETH, Fraser Forrest PARLETT, Peter Michael SCHMITT, Maja SHELLER, Alan

All of Intellectual Property Group, Avecia Limited, PO Box 42, Hexagon House, Blackley, Manchester M9 8ZS, United Kingdom

| Sheet No. | 4 |
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| Sheet No. | • |

| The | No. V | DESIGNAT | rions | | | | |
|---|--|--|--|--|--|---|--|
| filin | The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents. | | | | | | |
| How | vever, | | | | | | |
| | DE Gen | many is not d | esignated for any kind of nati | ional protection | | | |
| | KR Rep | ublic of Kore | a is not designated for any ki | nd of national protection | | | |
| | RU Rus | sian Federatio | on is not designated for any k | ind of national protection | | | |
| the n | ational la | w, of an earlie | be used to exclude (irrevocab er national application from w s in these and certain other Si | hich priority is claimed. S | rned in order to avoid the See the Notes to Box No. | ceasing of the effect, under V as to the consequences of | |
| Box | No. VI | PRIORITY | CLAIM | | | | |
| The | priority of | the following | gearlier application(s) is hereb | by claimed: | | | |
| | Filing of earlier ap | | Number of earlier application | | Where earlier application | is: | |
| | (day/mont | | or earner approaction | national application: country or Member of WTO | regional application:* regional Office | international application: receiving Office | |
| item | (1) 24 24 March | 1/03/2003 n 2003 | 0306657.8 | GB | | | |
| item | (2) | | | | | | |
| | | | | | | | |
| item | (3) | | | | | | |
| | Further pri | ority claims a | are indicated in the Supplemen | ntal Box. | | | |
| | ırlier applı | | sted to prepare and transmit to led with the Office which for th | | | | |
| X : | all items | ite | em (1) item (2) | item (3) | other, se | e Supplemental Box | |
| * Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): | | | | dicate at least one country ganization for which that ed | party to the Paris Conve arlier application was file | ntion for the Protection of ed (Rule 4.10(b)(ii)): | |
| | | | | | | | |
| | | | Box No. VII INTERNATIONAL SEARCHING AUTHORITY | | | | |
| | No. VII | INTERNAT | IONAL SEARCHING AUT | HORITY | | | |
| Box N Choic | ce of Inter | | IONAL SEARCHING AUT rching Authority (ISA) (if two- the Authority chosen; the two- | | earching Authorities are c | competent to carry out the | |
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| Sheet No. | 5 |
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| Sheet IVA | _ |

| Box No. IX CHECK LIST; LANGUAGE | OF FILING | | |
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| This international application contains: (a) in paper form, the following number of sheets: | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | Number of items | |
| request (including | 1. 🔀 fee calculation sheet | : | |
| declaration sheets) : 5 | 2. original separate power of attorney | : | |
| description (excluding sequence listing and/or | 3. original general power of attorney | : | |
| tables related thereto) : 16 | 4. copy of general power of attorney; reference number, if any: | , | |
| claims : 6 | 5. statement explaining lack of signature | • | |
| abstract : 1 | 6. priority document(s) identified in Box No. VI as | • | |
| drawings : | item(s): | : | |
| Sub-total number of sheets : 28 sequence listing : | 7. translation of international application into (language): | : | |
| tables related thereto : | 8. separate indications concerning deposited microorganism | | |
| (for both, actual number of sheets if filed in paper form, whether or not also filed in | or other biological material 9. sequence listing in computer readable form (indicate type and number of carriers) | • | |
| computer readable form; see (c) below) | (i) copy submitted for the purposes of international search under | . | |
| Total number of sheets : 28 | Rule 13ter only (and not as part of the international application (ii) (in) (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the |): | |
| (b) only in computer readable form (Section 801(a)(i)) | purposes of international search under Rule 13ter (iii) together with relevant statement as to the identity of the copy of | : | |
| (i) ☐ sequence listing (ii) ☐ tables related thereto | copies with the sequence listing mentioned in left column | : | |
| (c) also in computer readable form (Section 801(a)(ii)) | 10. tables in computer readable form related to sequence listing (indicate type and number of carriers) | | |
| (i) ☐ sequence listing (ii) ☐ tables related thereto | (i) copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) | : | |
| Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are | (ii) (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the | | |
| contained the sequence listing: | purposes of international search under Section 802(b-quater) (iii) together with relevant statement as to the identity of the copy or | • | |
| tables related thereto: | copies with the tables mentioned in left column | : | |
| (additional copies to be indicated under items 9(ii) and/or 10(ii), in right column) | 11. 🗷 other (specify): .UKPQ Form 23/7.7 | : | |
| Figure of the drawings which should accompany the abstract: Language of filing of the international application: | | | |
| Box No. X SIGNATURE OF APPLICANT | , AGENT OR COMMON REPRESENTATIVE ing and the capacity in which the person signs (if such capacity is not obvious from reading t | ha ramest) | |
| | ing and the capacity in which the person signs (y such capacity is not obvious from reading t | ne requesty. | |
| For Avecia Limited - MOODY DJ., MOCOI | DMAC D & RAPPON SA | | |
| Avecia Limited - MOGD 1703., MOCO | MIAC, F. & BANNON, SA. | | |
| REVELL, Christopher | | | |
| | For receiving Office use only | | |
| Date of actual receipt of the purported international application: | 2. Drawii | Ĭ | |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | | | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | | | |
| 5. International Searching Authority (if two or more are competent): ISA / | 6. Transmittal of search copy delayed until search fee is paid | | |
| For International Bureau use only | | | |
| Date of receipt of the record copy by the International Bureau: | | | |
| | | | |

This sheet is not part of and does not count as a sheet of the international application.

For receiving Office use only FEE CALCULATION SHEET International Application No. Annex to the Request Applicant's or agent's file reference SMC 60575/WO Date stamp of the receiving Office Applicant Avecia Limited CALCULATION OF PRESCRIBED FEES £55 T 1. TRANSMITTAL FEE £1078 S 2. SEARCH FEE International search to be carried out by (If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.) 3. INTERNATIONAL FILING FEE Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets £628 ii il first 30 sheets number of sheets fee per sheet in excess of 30 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)): i3 £628 [] Add amounts entered at i1, i2 and i3 and enter total at I. (Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.) £22 P 4. FEE FOR PRIORITY DOCUMENT (if applicable) £1783 5. TOTAL FEES PAYABLE . . . TOTAL Add amounts entered at T, S, I and P, and enter total in the TOTAL box MODE OF PAYMENT authorization to charge deposit account (see below) postal money order cash coupons cheque bank draft revenue stamps ___ other (specify): AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT Receiving Office: RO/ GB (This mode of payment may not be available at all receiving Offices) D02944 Deposit Account No.: Authorization to charge the total fees indicated above. Date: 18 March 2004 (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency Name: Kirsty Pinder or credit any overpayment in the total fees indicated above.

Authorization to charge the fee for priority document.

Signature: